

The 'Request for Live Scan Form' is on the second page of this document.

Fill in the Applicant Information Section and make 2 copies of the original. The live scan operator will keep the original, 1 copy will be for St. Francis Elementary, and 1 copy will be for the diocese.

To find where Live Scan fingerprinting services are available in your county go to:

<http://ag.ca.gov/fingerprints/publications/contact.php> .

Questions may be directed to (916) 733-0237.



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A1570 Volunteer  
ORI (Code assigned by DOJ) Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Catholic Schools Department 03358  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
2110 Broadway Yvette Espinoza  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Sacramento CA 95818 (916) 733-0237  
City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix  
Other Name (AKA or Alias) Last First Suffix  
Date of Birth Sex  Male  Female Driver's License Number  
Height Weight Eye Color Hair Color Billing Number N/A  
(Agency Billing Number)  
Place of Birth (State or Country) Social Security Number Misc. Number N/A  
(Other Identification Number)  
Home Address Street Address or P.O. Box City State ZIP Code

Your Number: ST. FRANCIS ELEMENTARY  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

N/A N/A  
Employer Name Mail Code (five digit code assigned by DOJ)  
N/A  
Street Address or P.O. Box Telephone Number (optional) N/A  
N/A State ZIP Code

#### Live Scan Transaction Completed By:

Name of Operator Date  
Transmitting Agency LSID ATI Number Amount Collected/Billed